

**YOUTH COMMUNITY CORRECTIONS
DEPARTMENT OF CORRECTIONS**



KAREN DUNCAN, BUREAU CHIEF

STATE OF MONTANA

5 S Last Chance Gulch
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Helena, MT 59620-1301
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(Date)

DPHHS IV-E Medicaid Unit\
Child and Family Services
PO Box 8005
Helena, MT 59620

Dear IV-E Specialist,

☐ (youth's name), CAPS ID _____, placement in a youth care facility ended on _____.

☐ (youth's name), CAPS ID _____, changed placement on _____ to the following provider:

INFORMATION

Name _____ CAPS Number _____ - _____
Address _____
City _____ State _____ Zip _____
Phone () - _____

Sincerely,

, Juvenile Parole Officer / Juvenile Parole Officer II